

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91182 017 \*\*\*150.00

**DOCUMENT # P97000039622**

**1. Entity Name**  
**TOT SHOTS, INC.**



**Principal Place of Business**  
8853 SW 132 ST.  
MIAMI FL 33176  
US

**Mailing Address**  
8853 SW 132 ST.  
MIAMI FL 33176  
US

**2. Principal Place of Business**

**3. Mailing Address**

14115 S. Dixie Highway

14115 S. Dixie Highway

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite C

Suite C

City & State

City & State

Miami FL

Miami FL

Zip

Country

Zip

Country

33176

US

33176

US



☐ CHECK HERE IF MAKING CHANGES

**4. FEI Number**

65-0751665

Applied For

Not Applicable

**5. Certificate of Status Desired**

☐

**\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**MANGIERO, DAVID**  
**12790 S. DIXIE HWY.**  
**MIAMI FL 33156**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

**8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing**  
Trust Fund Contribution.

☐

**\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **D** ☐ Delete  
**NAME** **MURPHY, TIMOTHY**  
**STREET ADDRESS** **8151 SW 192 ST.**  
**CITY-ST-ZIP** **MIAMI FL 33157**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** **D** ☐ Delete  
**NAME** **MURPHY, DEBBIE**  
**STREET ADDRESS** **8151 SW 192 ST.**  
**CITY-ST-ZIP** **MIAMI FL 33157**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

*Signature of Timothy J. Murphy*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-30-03

(305) 233-1337

CR2E034 (10/02)